

NOTIFICATION OF LEAD ABATEMENT ACTIVITY

Any [firm] conducting lead-based paint [abatement] activities in the state of Michigan must notify the department of that activity not less than three (3) business days **prior to its commencement**, as required by §333.5472 of the Michigan Lead Abatement Act of 1998, as amended.

ALL INFORMATION IS REQUIRED. Incomplete notifications will not be approved.

1	Notification Date:	month day year ____ / ____ / <u>20</u> ____	If sending a revision, give revision # ____
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2	Contractor Name: _____	MI Certification # C- ____
	Phone #: () ____ - ____	Contact person: _____
	Certified Lead Supervisor for this project: _____	MI Certification # P - ____

3	Lead-based paint was identified by: <input type="radio"/> Risk assessment <input type="radio"/> Lead Hazard Screen <input type="radio"/> Inspection <input type="radio"/> Assumed		
	Inspector/Risk Assessor _____	MI Certification # P - ____	
	<i>Detail scope of work and identify abatement work areas:</i>		
	<div style="display: flex;"> <div style="width: 15%; text-align: right;">SCOPE OF WORK:</div> <div> <input type="radio"/> Interior <input type="radio"/> Exterior <hr/> <input type="radio"/> Encapsulation <input type="radio"/> Enclosure <input type="radio"/> Component removal <input type="radio"/> Paint removal <input type="radio"/> Soil </div> </div>		

4	Building Owner: _____	Owner phone #: () ____ - ____
	Project / Site Address: _____	City: _____ ZIP _____
	OCCUPANCY STATUS (check all that apply):	
	<div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> OCCUPIED: <small>(includes temporary relocation)</small> </div> <div> <input type="radio"/> VACANT: <small>(abandoned)</small> </div> <div> <input type="radio"/> Single-family <input type="radio"/> Multi-Family <input type="radio"/> Child care facility </div> <div> <input type="radio"/> Public or private school <input type="radio"/> Rental <input type="radio"/> Owner occupied <input type="radio"/> Other: _____ </div> </div>	
	An Occupant Protection Plan has been prepared by the following certified lead professional: _____	MI Certification # P - ____

5	Start Date: _____	Ending Date: _____
	Scheduled work hours: _____ to _____ <input type="radio"/> Weekends included	

1. Complete Form
2. Return to LHHS at least three (3) business days **prior** to the commencement of work.

MAIL OR FAX TO:

MDCH – Lead & Healthy Homes Section
 P.O. Box 30195
 Lansing, MI 48909
 Attn: Compliance Officer
FAX: 517-335-8800